



APPLICATION FOR EMPLOYMENT

TOWNSHIP OF MONTCLAIR
 205 Claremont Avenue
 Montclair, New Jersey 07042
 Phone (973) 509-4939 • Fax (973) 233-1720
www.montclairnjusa.org

FOR OFFICIAL USE ONLY		
Date Rec'd		
Department		
Interview	Yes	No

Date

Applicant Information

Full Name (First, Middle, Last)					
Present Address (Street, Town, State, Zip)					
Home Telephone #		Cell Telephone #		E-Mail Address	
Are you legally eligible for employment in the United States: Yes No <i>(Proof of citizenship or authorization to work in the United States will be required upon hire.)</i>			Do You have a Driver's License?		State
Position(s) applying for:					
Were you previously employed by us? <input type="checkbox"/> Yes No If yes, when? _____			If your application is considered favorably, on what date will you be available to start work? _____		
Do you have any special skills or qualifications which will be of benefit in the position for which you are applying?					
Have you ever been convicted of an offense involving or touching on any prior public office, public position or public employment held by you? _ Is any member of your immediate family employed by the Township of Montclair? Yes No If yes, please name: _____					
Were you in the Armed Forces? Yes No If yes, what branch? _____					
Dates of Duty: From _____ to _____ Rank at discharge: _ If employed by the Township of Montclair are you willing to take a physical exam? Yes No					
Are you available to work on Saturdays, Sundays, or evenings if required by your position? Yes No					

Record of Education

	Elementary School	High School	College/University	Other
School Name				
Location				
Last Year Completed	5 6 7 8	9 10 11 12	1 2 3 4	
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Specify Degree or Certification Received				

***Use this space to describe any internships, licenses, certifications or registrations that you possess which are related to the position for which you are applying.**

What type of license(s), certification(s), and/or registration(s) do you hold?	What type of internship(s) have you completed?
In which state(s) do you hold the license(s), certification(s), and/or registration(s)?	Where was the internship(s) completed?
What was the original issue date of the license(s), certification(s), and/or registration(s)?	What were the dates of the internship(s)?
What is the date of your current license(s), certification(s), and/or registration(s)?	How many hours per week did you take part in the internship? _____
	Was it part of a college curriculum? Yes No

Employer #1	Employment History (start with your current or most recent job)		
	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

Employer #2	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

Employer #3	Name of Company		Type of Business
	Address		Telephone #
	Job Title		Supervisor
	Employment Dates		Starting/Ending Salary /
	Work Performed		
	Reason for Leaving		

If there is a particular employer you do not wish us to contact, please indicate which one(s).	1	2	3
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Personal References (no former employers or relatives please)

Name	Address	Telephone #

The Township of Montclair is an equal opportunity employer and may not discriminate on the basis of race, color, creed, national origin, ancestry, political affiliation, age, marital status, sex, civil union status, domestic partnership status, familial status, genetic information, refusal to submit to a genetic test or make available the results of a genetic test, atypical heredity cellular or blood trait, pregnancy or any other protected status, affectional or sexual orientation, physical or mental disability, liability for military service or handicap.

All applicants offered a position with the Township must submit to a physical, drug and alcohol test as a condition of employment.

Applicant's Statement

I hereby authorize the Township of Montclair to contact, obtain and verify the accuracy of information contained in this application from all previous employers (except where I have indicated they may not be contacted), educational institutions and references. I also hereby release the Township of Montclair and its representatives from all liability for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on the application may result in my dismissal. I further understand that this application is not nor is it intended to be a contract of employment, nor does this application obligate the Township of Montclair in any way if the Township decides to employ me. No one other than the Township Manager has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Township Manager.

Signature of Applicant: _____

Date: _____

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REFERENCE CHECK

NAME	COMMENTS
_____	_____
_____	_____
_____	_____